

Public Health Nutrition Policies

Why in News?

Recently, World Health Assembly released Global Nutrition Targets (GNTs) for 2025.

What are Global Nutrition Targets?

- **Global Nutrition Targets (GNT)** - They were set by the World Health Assembly as key national indicators of the effect of public health policies in alleviating maternal and child malnutrition.

Global Nutrition Targets 2025



Stunting

TARGET: 40% reduction in the number of children under-5 who are stunted



Anaemia

TARGET: 50% reduction of anaemia in women of reproductive age



Low birth weight

TARGET: 30% reduction in low birth weight



Childhood overweight

TARGET: No increase in childhood overweight



Breastfeeding

TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%



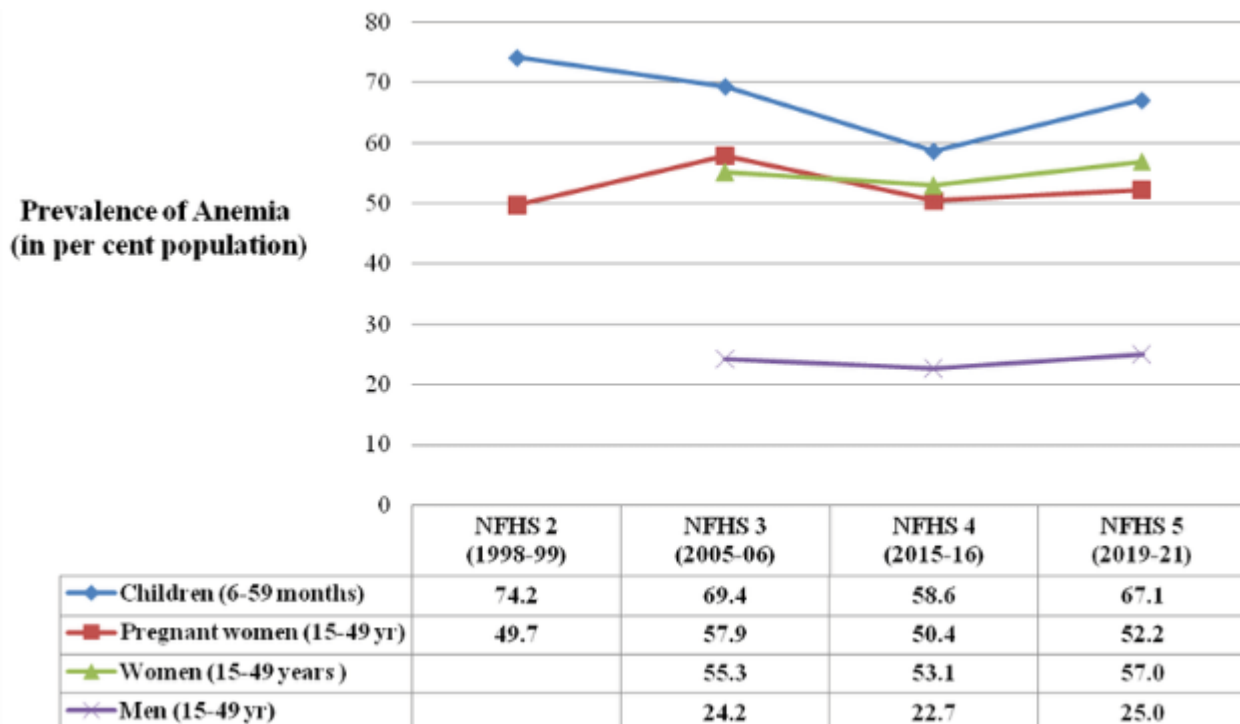
Wasting

TARGET: Reduce and maintain childhood wasting to less than 5%

- **Global progress in nutrition** - In general, there appeared to be slow and insufficient progress across countries with little progress in undernutrition, but an increase in overweight.
- **Global projection** - By 2030, it was projected that only a few countries would meet the targets for stunting, and none would meet low birthweight, anaemia, and

childhood overweight.

- **Obesity** - Overweight had increased in children in almost all countries but was less than the prevailing undernutrition.
- **Anemia in India** - The prevalence of anaemia has remained static in India for the last two decades.



Why is there a slow progress in nutritional health?

- **Poor programme implementation** - Ground level implementation of nutrition programs are either inadequate and do not reach bottom strata.
- **Inadequate survey** - With no national surveys, we do not know the cause of anaemia in India.
- **Incorrect policies** - Cause of anaemia is presumed to be iron deficiency, resulting in policies to improve dietary iron intake through fortification and supplementation.
- But recent large-scale surveys reveal that iron deficiency accounts for only a third of anaemia, while unknown causes account for another significant third.
- **Early onset of deficiency** - Stunting actively occurs within the first two years of life and increases from about 7-8% at birth to near 40% at two years of age.

On average, children reach half their adult height in two years. If already stunted at two, it is difficult to un-stunt children by overfeeding in the hope of faster growth.

- **Inadequate energy intake** - Average fat intake of poor children in India is only 7 grams per day, versus the requirement of 30-40 grams per day.

Energy intake is the driver of growth in the first two years and the most energy-dense food is oil.

- **Differences in measurement** - Venous blood-based anaemia prevalence (as recommended by WHO) was roughly half the capillary blood-based prevalence.
- **Singular approach** - Same cut-off criteria for anaemia might not fit all populations.
- **Metabolic risks** - It occurs in about no less than 50% of Indian children aged 5-19 years, even in those stunted and underweight.

What can be done to improve nutritional health?

- Focus on double duty actions to simultaneously address the under- and over-nutrition burden.
- Diversifying diets effectively rather than focusing on select nutrient deficiencies.
- Accurate metrics are crucial for successful public health interventions.
- Prevention in the first two years is most important, even though the global nutrition target refers to stunting in under-5 children.
- Make burden of childhood overnutrition an important policy target to address overweight.

Reference

[The Hindu | Public health nutrition policies](#)

